POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby r 37 CFR 3		vious powers of a	ttorney given	in the applic	ation identified in the	e attached state	ment under	
I hereby appoint:								
Practitioners associated with the Customer Number:					20350			
OR								
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):								
	Name			istration umber	Name	9	Registration Number	
				10				
				16				
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned gmit to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).								
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:								
Todas dialogo dio sonosponosi de de de apparente de la capacita de								
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OR								
Firm or								
Individual Name Address								
City				State		Zip		
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					l			
Assignee Name and Address:								
St. Francis Medical Technologies, Inc.								
1900 Bates Avenue, Suite L								
Concord, CA 94502								
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be								
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of								
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.								
Δ								
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee								
Signature	4	The state of the s			Da	te 05 2	9/07.	
Name	David M. Sha	W			Te	lephone 🔾 🦓	542.6661	
Title	Secretary							